

The resolution we adopted last night urges the President to demand the immediate release of all the prisoners and to take all appropriate steps to secure their immediate release.

I wish to say this to those with whom we have contact from time to time representing the Cuban Government: We in the Senate are watching. We are not going to let Fidel Castro get away with these kinds of actions. And we are going to keep the glare of the public spotlight and the glare of world view in the international community on this kind of thuggery. We are going to call him to account in the name of human dignity and freedom because even in Cuba people are endowed by their Creator with certain unalienable rights, among these life, liberty, and the pursuit of happiness.

I specifically thank our Foreign Relations Committee which absolutely whizzed this resolution through the committee, our committee chairman, Senator LUGAR, and our ranking member, Senator BIDEN. I thank the subcommittee chairman, Senator COLEMAN. I thank my cosponsor, Senator ALLEN. I thank our ranking member of the Western Hemisphere Subcommittee, Senator DODD. All of them gave the green light and speeded this process.

I am going to continue to seek common ground with my colleagues as we seek to support the Cuban people in their struggle for freedom. I hope with this resolution having just been adopted that the administration will pursue a similar resolution of condemnation in the United Nations, and that the administration will seek immediate international support to secure the release of these and all freedom-loving Cubans who have been wrongly jailed because it is only through the constant and sustained recognition of this issue that our chances will be improved of creating forces of change on that long-suffering island.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Mr. President, while the distinguished Senator from Florida is still in the Chamber, I wish to thank him for his impassioned comments. I am going to be speaking later this week on this same subject. I am one who, for a number of reasons—geopolitically, strategically, and economically—have not supported the current embargo on Cuba. I am, however—and I feel proud—as Vermonters say, I bow to nobody on the question of human rights on this floor.

I met with Mr. Castro in Havana a couple years ago at a time when there was another crackdown of dissidents. I told him specifically what I felt about that in very strong words. He obviously disagreed with me, but I felt as an American in Cuba, it would be wrong for me not to express such a view.

I will follow with a speech later this week on Cuba, but I hope my good friend from Florida, who has been such

an extraordinary leader in this area over the years, when he was in State government in Florida, when he was in the House of Representatives, and as a Senator—he has been such an extraordinary leader. I hope he knows, no matter how one might feel about our overall relations with Cuba, no American should find justifiable the silence of those who simply wish to speak to basic human freedoms, basic human rights—the right of speech, the right of religion. These are issues that, from the time of Thomas Jefferson, Benjamin Franklin, John Adams, and George Washington, we have enunciated in this country, but I do not know any country that can claim any form of democracy and freedom that would feel that way. I commend my friend. I hope others will listen to him. I hope 90 miles from his home State that it will be heard as strongly as it was heard on the floor of the Senate. I commend him.

Mr. NELSON of Florida. Will the Senator yield?

Mr. LEAHY. Of course.

Mr. NELSON of Florida. Mr. President, I wish to say how much I appreciate the comments of the Senator. Here is a great example of two Senators representing two different parts of the country, at the end of the day, we have the same conclusion—what we want is freedom for that island. That island is the jewel of the Caribbean. Once freedom comes to that island, it will economically blossom and prosper. That island has so much rich history and such a beautiful culture.

The Senator has pointed out that although we might have a difference of opinion about topics such as an economic embargo, at the end of the day what we earnestly want is change. We want the winds of change to blow, and blow very hard and rapidly so that freedom can come to Cuba.

I thank the Senator for yielding.

#### LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. In the last Congress Senator KENNEDY and I introduced the Local Law Enforcement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred September 16, in New York, NY. An Arab-American man was attacked in the bathroom of a supermarket by one of the store's employees. The teenage attacker called the man an "Arab terrorist" before slamming his head into the steel door of the men's room. The victim was knocked unconscious for a brief time and, when he left the lavatory, his assailant and several other employees laughed at him and refused him any aid.

I believe that Government's first duty is to defend its citizens, to defend

them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

#### WORLD HEALTH DAY

Mr. SARBANES. Mr. President, since 1948 the nations of the world have celebrated April 7 as World Health Day. Yesterday marked this day, which serves two important and related purposes. It focuses world attention on a specific international health issue that in the judgment of the World Health Organization, WHO, poses immediate and urgent problems. Further, it is a platform for marshaling resources to address this issue, through programs that will continue long after the day ends.

In years past World Health Day has focused on such crucial matters as the global eradication of polio and emerging infectious diseases. This year's theme is broad: "Healthy Environments for Children," and it has never been more timely. While we have made great progress in the treatment of infant diarrhea, typhoid, typhus, cholera, yellow fever, malaria, dengue fever, and other environment-based diseases, access to treatment is limited or nonexistent in many parts of the world. As a result, every year more than 5 million children—the most vulnerable members of society—die before reaching the age of 14. When war or civil conflict disrupts life, the danger of infection rises, as it does among those living in refugee camps. But there is no escaping the risk anywhere that water is contaminated, food unsafe, air polluted, and sanitation systems unreliable. Children fall ill in the very places where they live.

From our experience in treating infant diarrhea we know that treatment can be effective and efficient. Every year, 1.3 million children die of diarrhea often resulting from lack of access to safe drinking water or consuming dirty food. These deaths are preventable. If a child has diarrhea, a simple and effective sugar-and-salt solution called oral rehydration can treat severe loss of fluids in the body. The cost is minimal: just under 30 cents per child—this low-technology solution can save these children's lives. This year's World Health Day is a call to redouble our efforts not only to treat environment-based diseases where they occur, but especially to eliminate the conditions where they are bred. It can be done.

As the grave respiratory infection known as severe acute respiratory syndrome, or SARS, appears to be spreading rapidly, World Health Day is also an appropriate time to consider the vital role that the World Health Organization plays in our interconnected world, where mobility literally gives wings to life-threatening diseases. Today's New York Times documents the

spread of SARS, under a headline reading "Fear Reigns as Dangerous Mystery Illness Spreads." SARS apparently first appeared in China last November. In February, when the Chinese Government began reporting cases to WHO, the organization undertook a major international tracking effort, and on March 15 WHO took what the New York Times describes as "the highly unusual step of issuing the global health alert." Just last week the Chinese Government permitted a WHO team to begin work on location, in the southern Chinese city of Guanzhou, where the infection rate is very high. WHO has also created a network of infections-disease laboratories in countries around the globe, and the truly extraordinary work undertaken in these laboratories has led to the tentative identification of the infectious agent. This marks a tremendous step in dealing with the intensifying threat to world health that SARS poses. According to the New York Times, SARS "has become an international epidemic," and WHO is instrumental in organizing the international response.

It is not just that WHO provides the administrative framework for a coordinated response to health issues; its personnel are on the front lines in every effort to keep diseases from spreading and in treating the victims. For the most part we do not know their names, but we do know that they have dedicated their skill and even their lives to WHO's mission.

A WHO physician—Dr. Carlo Urbani, Director of Infectious Diseases in the Western Pacific Region for WHO—was the first to recognize SARS as a new and deadly disease. He threw himself into the fight to control the disease when he saw his first case, in Vietnam, persuading the government to adopt infection-control and isolation procedures. He is credited, said the New York Times, with "shutting down Vietnam's first outbreak," and he was the first to alert the international medical community to the danger. Within weeks of his first intervention with a patient, however, he was infected. His heroic efforts cost him his life.

Dr. Urbani's medical specialty was worms—nematodes, trematodes, hookworms and other parasites, which are, in the words of his WHO colleague, Dr. Kevin Palmer, "a really basic problem for every child in the tropics." He knew how much damage these parasites do, and also how relatively little it would take to eliminate this scourge: a 3-cent pill given twice yearly to schoolchildren. His own efforts fell squarely within the broader campaign to create "healthy environments for children." At the time of his death he was working to secure the cooperation of school systems throughout southeastern Asia.

An eloquent account of Dr. Urbani's career in medicine and his tragic, too-early death appears in the today's edition of the New York Times. I ask unanimous consent to have the entire

story, "Disease's Pioneer Is Mourned as a Victim," printed in the CONGRESSIONAL RECORD.

The PRESIDING OFFICER. Without objection, it is so ordered.

(See exhibit 1.)

Mr. SARBANES. SARS is only the most recent of the many international health emergencies that WHO has faced. In the complex effort to reduce the spread of HIV/AIDS, WHO also plays an important part. It is estimated that of the roughly 750,000 new HIV cases in children each year, more than 400,000 could be prevented by treating the most common route of infection, mother-to-child transmission, (MTCT). As in the case of infant diarrhea, we know that simple, cheap and effective interventions are available. The drug nevirapine, for example, reduces the likelihood of transmission of HIV from a mother to her newborn by up to 47 percent. It is administered in a single dose to the mother at the onset of labor and in a single dose to the baby in its first 3 days after delivery. The intervention costs less than \$4, and the drug is now available at minimal or no cost in most countries where poverty levels are high and resources scarce. The use of nevirapine to address MTCT is based on the work and recommendations from WHO.

There is hardly any country, no matter how well guarded its borders, which can be confident of remaining immune from the urgent health problems that beset the world. In fact, for more than half a century the World Health Organization has served us well. Most recently, as SARS has spread WHO has stepped into the breach, collecting and disseminating information and facilitating an international response. In oral rehydration and MTCT projects, we have seen how effectively WHO can intervene. We must respond vigorously, therefore, as WHO calls on us on World Health Day 2003 to confront and vanquish the environmental causes that bring unnecessary illness and death to millions of the world's children every year. WHO is working to turn this year's initiative into an effective global alliance, to bring to local communities the resources necessary to raise the health standards of children most at risk, and thereby transform their lives. The benefits from these efforts will surely ripple outwards: to families, to communities, and indirectly to us all. By supporting WHO we can, and we should, make a difference.

[From The New York Times, April 8, 2003.]

DISEASE'S PIONEER IS MOURNED AS A VICTIM

(By Donald G. McNeil, Jr.)

When the microbe that causes severe acute respiratory syndrome is finally isolated, some people will know what to call it. They want a Latin variation on Carlo Urbani's name.

If SARS was an infectious cloud blowing out of southern China, Dr. Urbani was the canary in its path. Working in a hospital in Hanoi, Vietnam, as a mysterious pneumonia felled one nurse after another, he sang out the first warning of the danger, saw the world awaken to his call—and then died.

If not for the intuition of Dr. Urbani, director of infectious diseases for the Western Pacific Region of the World Health Organization, the disease would have spread farther and faster than it has, public health officials around the world say.

It was a tricky call. There is nothing as telltale about the disease as the bleeding of a hemorrhagic fever or the bumps of a pox, and its symptoms mimic other respiratory conditions.

Dr. Urbani, 46, died on March 29, a month after seeing his first case and 18 days after realizing he was coming down with the symptoms himself.

"Carlo's death was the most coherent and eloquent epilogue his life could produce," said Nicoletta Denticio, a friend from the Italian chapter of Médecins Sans Frontières, or Doctors Without Borders, which Dr. Urbani once headed. "His death was as a giver of new life."

And it was in keeping with his medical philosophy. When Dr. Urbani spoke in 1999 at the ceremony in which Doctors Without Borders accepted the Nobel Peace Prize, he described doctors' duty "to stay close to the victims." "It's possible to study an epidemic with a computer or to go to patients and see how it is in them," said Dr. William Claus, the group's emergency coordinator for Asia. "Carlo was in the second category."

In Italy, he had pushed the organization into working with the poorest of the poor, with Gypsies in Rome and with African and Albanian boat people who were landing in Sicily and Calabria.

Even as a student, said Fabio Badiali, a childhood friend who is now mayor of Castelplanio, their hometown on the Adriatic Coast, he had been a volunteer, organizing groups to take the handicapped on countryside picnics. As a family doctor, he had taken vacations in Africa, traveling with a backpack full of medicine.

He had accepted the W.H.O. post, friends said, because he wanted to be back in the third world and working with patients. It was that instinct that took him to the bedside of Johnny Chen, an American businessman who entered Vietnam-France Hospital in Hanoi on Feb. 26 with flu-like symptoms.

Dr. Urbani might not have been an obvious choice as a consultant in Mr. Chen's case. In his heart, friends said, he was "a worm guy," a specialist in parasites.

"Other people didn't think worms were sexy," said Dr. Kevin L. Palmer, W.H.O.'s regional specialist in parasitic diseases and a friend. "but it's a really basic problem for every child in the tropics."

Dr. Urbani was an expert in *Schistosoma mekongi* in Vietnam, in the food-borne nematodes and trematodes of Laos and Cambodia and the hookworms of the Maldives.

Dr. Lorenzo Savioli, who worked with Dr. Urbani in the Maldives, said they worked from sunup to sundown, ignoring the famous beaches and reefs, tracking hookworm epidemiology and training workers at a malaria control laboratory, who were used to working with blood, in testing for worms. Over rice and fish in the evenings, Dr. Savioli said, they had joked, "Nobody at headquarters was going to believe we were spending our days in the Maldives over fecal samples."

Dr. Urbani was a worm zealot, Dr. Palmer said, because they did so much damage but could be so easily treated. For example, he said, a 3-cent pill administered to schoolchildren twice a year could rid them of most intestinal worms. Dr. Urbani was working to have school systems in southeastern Asia cooperate.

He also attacked a worm that lived on fish farms. He could not get Cambodians and Laotians to give up eating undercooked fish,

Dr. Palmer said, but he hoped to solve the problem by teaching fish farmers to divert sewage from their ponds.

He was also testing the use of a veterinary drug to kill worm larvae that can reach human brains and cause seizures.

And, said Daniel Berman, a director of the Doctors Without Borders campaign for cheaper lifesaving drugs, Dr. Urbani was pushing Vietnamese farmers to grow more sweet wormwood, a plant that can produce artemisinin, a new malaria cure.

Still, when a troublesome case turned up in Hanoi, Dr. Palmer said, the W.H.O. staff usually said, "Call Carlo," because he was also known as an expert clinical diagnostician.

Mr. Chen was such a case, suffering with pneumonia and fever, as well as a dry cough. The hospital suspected that he had the Asian "bird flu" that killed six people in 1997 and was stopped by rigid quarantines and the slaughter of millions of chickens and ducks.

Rumors of a mysterious pneumonia had been coming out of the Guangdong region of southern China, but the Chinese authorities had been close lipped, even instructing local reporters to ignore it.

Although no one then realized the significance, Mr. Chen, 48, had also stayed in the Metropole Hotel in Hong Kong. He may have picked up the disease from a 64-year-old Guangdong doctor in town for a wedding, staying in Room 911. Investigators theorize that the doctor infected 12 other guests, several from the same floor, who carried the disease to Singapore, Toronto and elsewhere.

By the time Dr. Urbani arrived at Vietnam-France Hospital, the microbe that Mr. Chen carried was spreading. Before he died, he infected 80 people, including more than half of the health workers who cared for him. The virulence of his case alarmed world health officials, helping lead to the extraordinary health alert that W.H.O. issued on March 15. But Dr. Urbani, who first saw Mr. Chen in late February, quickly recognized that the disease was highly contagious and began instituting anti-infection procedures like high-filter masks and double-gowning, which are not routine in impoverished Vietnam. Then he called public health authorities.

Dr. Palmer recalled Dr. Urbani's conversation: "I have a hospital full of crying nurses. People are running and screaming and totally scared. We don't know what it is, but it's not flu."

On March 9, Dr. Urbani and Dr. Pascale Brudon, the W.H.O. director in Hanoi, met for four hours with officials at the Vietnam Health Ministry, trying to explain the danger and the need to isolate patients and screen travelers, despite the possible damage to its economy and image.

"That took a lot of guts," Dr. Palmer said. "He's a foreigner telling the Vietnamese that it looks bad. But he had a lot of credibility with the government people, and he was a pretty gregarious kind of character." With dozens of workers at the hospital sick, it was quarantined on March 11. Infection-control practices were instituted at other hospitals, including the large Bach Mai state hospital, where Dr. Claus of Doctors Without Borders oversaw them. Dr. Urbani's quick action was later credited with shutting down Vietnam's first outbreak.

In the middle of it, Dr. Savioli said, Dr. Urbani had an argument with his wife, Giuliani Chiorrini. She questioned the wisdom of the father of three children ages 4 to 17 treating such sick patients. Dr. Savioli said Dr. Urbani replied: "If I can't work in such situations, what am I here for? Answering e-mails, going to cocktail parties and pushing paper?" In an interview with an Italian newspaper, Ms. Chiorrini said her

husband knew the risks. "He said he had done it other times," she recalled, "that there was no need to be selfish, that we must think of others."

But on March 11, as he headed to Bangkok for a conference on deworming school-children, he started feeling feverish and called Dr. Brudon. "He was exhausted, and I was sure it was because he had had a lot of stress," Dr. Brudon said later. "I said, 'Just go.' "But she had second thoughts. "I called my colleagues in Bangkok and said, 'Carlo doesn't feel well, and we should be careful.' "

Dr. Scott Dowell, a disease tracker for the federal Centers for Disease Control and Prevention, who is based in Thailand, met him at the Bangkok airport near midnight. Dr. Urbani, looking grim, waved him back. They sat in chairs eight feet apart until an ambulance arrived 90 minutes later, its frightened attendants having stopped for protective gear.

For the first week in a Bangkok hospital, Dr. Urbani's fever receded, and he felt a bit better. But he knew the signs. "I talked to him twice," Dr. Palmer said. "He said, 'I'm scared.' "

That was uncharacteristic for a man who was known as big, charming and full of ironic wit. In Italy, he staved off boredom by hang gliding. In Hanoi, he negotiated the insane traffic on a motorcycle and took his children on overnight car jaunts to rural villages. He carried Bach sheet music and stopped at churches, asking if he could play. W.H.O. experts flew in from Australia and Germany to help. One scoured Australian drug companies for ribavirin, a toxic antiviral drug that was said to have helped some cases. It did not help Dr. Urbani, though, and was withdrawn.

Then patches showed up on a lung X-ray, and he told his wife to take the children and return to Castelplanio. Instead, she sent them ahead and flew to Bangkok. By the time she arrived, his room had been jury-rigged as an isolation ward. Carpenters had put up double walls of glass, and fans had been placed in the window to force air outside.

The couple could talk only by intercom, and Ms. Chiorrini saw him conscious just once. As his lungs weakened, Dr. Palmer said, he was put on a respirator. In a conscious moment, Dr. Urbani asked for a priest to give him the last rites and, according to the Italian Embassy in Bangkok, said he wanted his lung tissue saved for science.

As fluid filled his lungs, he was put on a powerful ventilator, sedated with morphine. The end came at 11:45 on a Saturday morning. Doctors and nurses heavily shrouded in anti-infection gear pounded on his chest as his heart stopped four times, Dr. Dowell said, but it was useless.

Most of those who had died of SARS were old or had some underlying condition that weakened them, but "he worked with patients for weeks, and we suspect he got such a massive dose that he didn't have a chance," Dr. Palmer said. "It's very sad," Dr. Claus said, "that to raise awareness as he did, you have to pay such a price."

#### COMMEMORATING THE 50TH ANNIVERSARY OF THE FOREIGN AGRICULTURE SERVICE

Mr. COCHRAN. Mr. President, fifty years ago, President Eisenhower and Secretary of Agriculture Ezra Taft Benson had the foresight to acknowledge that the future of American agriculture was dependent on the development of creative marketing tools and foreign markets for U.S. food and agri-

cultural products. With that in mind, the Foreign Agricultural Service, FAS, was created to represent American agricultural interests worldwide.

During the past 50 years, the employees of FAS, working in coordination with partners in the agricultural community and other U.S. international agencies, have crafted important tools and programs to develop and expand foreign markets.

Recognizing the ever changing global economy, FAS has effectively developed the necessary resources to negotiate trade agreements, open and maintain foreign markets, and address international food crises and development needs.

Today, exports of American food and agricultural products have grown from less than \$3 billion in 1953 to over \$50 billion, experiencing a trade surplus year after year.

The realities of today's global marketplace, as well as the challenges facing American agricultural producers abroad, make the mission and continued success of the Foreign Agriculture Service more important than ever.

Therefore I rise today to submit resolution to congratulate the Foreign Agriculture Service on the 50th anniversary of its creation, and commend its dedicated employees for helping to create benefits for American farmers and ranchers by expanding global markets and reducing barriers to free trade.

I urge my colleagues to support this resolution.

Mr. HARKIN. Mr. President, in recognition of the 50th anniversary of the Foreign Agriculture Service of the U.S. Department of Agriculture on March 10, Senator COCHRAN and I are today submitting Senate resolution to honor that agency's many achievements over the past half century.

During the 83d Congress, President Eisenhower recognized that the productive capacity of the U.S. agricultural sector was outstripping the food and feed needs of our domestic economy. In order to assist American farmers and exporters in identifying, capturing, and maintaining overseas markets for our food and fiber, and thus boost the sector's earnings, Secretary Ezra Taft Benson established the Foreign Agriculture Service, FAS, by memorandum on March 10, 1953. The next year with the passage of the Agriculture Act of 1954, P.L. 83-690, agricultural attachés were transferred from the State Department to the new agency.

The mission of FAS is to serve U.S. agriculture's international interest by expanding export opportunities for U.S. agricultural, aquaculture, and forest products and promoting world food security. Since its inception, the agency has assisted in expanding U.S. agricultural exports from less than \$3 billion in 1953 to projected exports valued at \$57 billion for 2003, in nominal dollars.

In addition to providing in-country services and market analysis for the key importing countries in the agricultural attaché corps, FAS, through